

**UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA**

State of Minnesota, by its  
Attorney General Lori Swanson,

Civil File No. 12-145 RHK/JJK

Plaintiff,

v.

**AFFIDAVIT OF JOHN  
THOMAS FULLER**

Accretive Health, Inc.,

Defendant.

John Thomas Fuller, being first duly sworn on oath, states as follows:

1. My name is John Thomas Fuller. I go by Tom. My wife, Lynn, and I live in New Brighton with our youngest son. We have three children, ages 29, 25, and 16. We have a lot of family in the area. For a long time, I was a golf course supervisor, most recently at the Rush Creek golf course. For about 10-12 years after that, I worked in sales. I traveled a great deal and sold golf-related equipment.

2. In the summer of 2007, I began to get short of breath. Since I was in sales, and traveling and on the go a lot, I attributed it to getting old. But, by the winter of 2007, it became difficult for me to walk a flight of stairs without needing to stop to rest. I went to my long-time doctor to get checked out. He ordered a physical, and at first he didn't think anything was wrong with me. A few more tests were ordered. One test found some markings on my lung. I was referred to a pulmonologist, who I saw for much of 2008. I was eventually referred to doctors at the University of Minnesota Medical Center –

Fairview. In October of 2008, additional tests and a biopsy confirmed a devastating diagnosis – I was diagnosed with idiopathic pulmonary fibrosis, or IPF. IPF is a scarring or thickening of the lungs without a known cause. IPF causes the lungs to become scarred and stiffen, making it increasingly difficult to breathe. There is no known cure for IPF.

3. My doctors continued to monitor my condition. As my IPF got worse, I was told that I would eventually need a lung transplant. But, I was told that I would be allowed to get worse before a transplant would be considered. The doctors told me that there was a trade-off: My IPF would get worse, but living after a lung transplant is extremely difficult and complicated by anti-rejection medications and a high likelihood of sickness. However, because IPF could eventually kill me, I would eventually need the lung transplant. Even with the lung transplant, I was told that only 48% of transplant patients made it five years after the transplant. At this point, it was extremely difficult to breathe, and I required 24-hour-a-day oxygen.

4. I had a lung transplant on January 14, 2011. I had a very difficult year after the transplant because of the procedure and due to the anti-rejection medications. I had many appointments, procedures, and hospital stays. At one point, I was so sick with side effects from my anti-rejection medications that I could not eat for almost three months. My only nutrition was through a feeding tube.

5. On November 22, 2011, Lynn and I went to the University of Minnesota Medical Center – Fairview in order to have my feeding tube replaced with a temporary tube. I was very weak and could barely stand. I needed a cane to help me walk. When


Lynn and I arrived at the hospital for the procedure, we walked up to the front desk to check in, like we had before. This time, though, I was told by the front desk worker that I would be checked in around the corner in a different room. I was taken back to the room, and without Lynn. I was taken to a very small room down the hall from the main desk. A man was in the room. The man checked me in and asked me to sign some regular forms, like a waiver. The man put a bracelet on my arm. Then, before the man let me go, his demeanor changed. He had been pretty nice, but now he got stern and aggressive. He put a piece of paper in front of me and said: What are we going to do about this? Attached as Exhibit A is the piece of paper he put in front of me. He asked me how I was going to pay this off. I was so tired and weak. He wanted me to give him a credit card, and I was in no condition to do that. With a lot of help from family and co-workers, Lynn and I had paid almost \$10,000 that year for treatments I had received and we were current on our payment plans. I was very upset to be treated this way, especially in my condition. The man told me that I should call a person with Accretive about taking care of payment. The man wrote the Accretive person's name, Ross, on the piece of paper, told me to call Ross, and wrote Ross's number, (612) 672-4685 on the paper. I was so upset that I was shaking. I left the little room and went back to the waiting area. I found Lynn. I threw the piece of paper down in front of Lynn and told her how upset I was. She left the waiting room to call the Accretive person. I came into the hospital to replace my feeding tube and I was in no shape to talk to financial workers about a bill. The whole experience made me very upset.

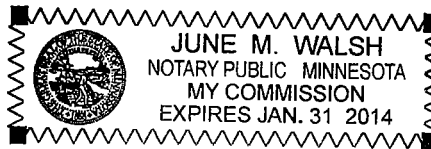
6. Because this incident was so upsetting, Lynn and I complained to Fairview. Attached as Exhibit B is a letter we received from Fairview dated December 2, 2011, sent in response to our complaint about the collection tactics used on the day of my procedure.

7. Also, while we were current with our payment plans, we received collection calls from people saying they were with Fairview. During one call, I was asked to give my credit card number to the caller. I told the collector that my wife handled payment issues, so the collector would have to talk with Lynn.

  
\_\_\_\_\_  
JOHN THOMAS FULLER

Subscribed and sworn to before me  
this 21 day of May,  
2012.

  
\_\_\_\_\_  
Notary Public



**Patient Information**  
 John Fuller (MR: [REDACTED])  
 1501 17th Ave Nw, New Brighton, MN55112-5550

**Guarantor Information**  
 John Fuller  
 1501 17th Ave Nw, New Brighton, MN55112-5550

Payment Entry

Payment History

## Payment Entry

Refer to FC

Patient	Type	AR Number	Service Date	Amount Due	Payment Amount	Notes
<b>John Fuller (MR: [REDACTED])</b> 1501 17th Ave Nw, New Brighton, MN 55112-5550 <span style="float: right;">Print Statement</span>						
①	Current	65521201	02/14/2012	\$ 0.00	\$ 0.00	
①	Current	11000650074	02/14/2012	\$ 0.00	\$ 0.00	
①	Current	11000737604	01/23/2012	\$ 0.00	\$ 0.00	
①	Current	66896166	01/23/2012	\$ 0.00	\$ 0.00	
①	Current	66474080	01/23/2012	\$ 0.00	\$ 0.00	
①	Current	65975287	12/22/2011	\$ 0.00	\$ 0.00	
①	Current	11000692370	12/22/2011	\$ 0.00	\$ 0.00	
①	Current	66697129	12/19/2011	\$ 0.00	\$ 0.00	
①	Current	11000768958	11/22/2011	\$ 0.00	\$ 0.00	
①	Current	65898995	11/21/2011	\$ 0.00	\$ 0.00	
①	Prior	11000231368	05/14/2011	\$ 150.00	\$ 0.00	
①	Prior	11000232668	05/19/2011	\$ 34.91	\$ 0.00	
①	Prior	11000206596	05/23/2011	\$ 91.71	\$ 0.00	
①	Prior	11000255910	06/06/2011	\$ 92.66	\$ 0.00	
①	Prior	11000332016	06/23/2011	\$ 97.34	\$ 0.00	
①	Prior	20008626388	09/19/2011	\$ 25.00	\$ 0.00	
①	Prior	20008653491	09/27/2011	\$ 25.00	\$ 0.00	
①	Prior	20008672612	10/03/2011	\$ 19.69	\$ 0.00	
①	Prior	20008720745	10/17/2011	\$ 25.00	\$ 0.00	

Add Physician Transaction

Add Hospital Transaction

Total Due: \$ 561.31

Total Payment: \$ 0.00

Form of Payment: Please select ...

&lt; Select Patient

Collect Payment &gt;

Ross  
 612-672-4685  
 < Acc retire >

Spoke to 11-22-11

EXHIBIT A

UNIVERSITY OF MINNESOTA  
MEDICAL CENTER



**Riverside Campus**  
2450 Riverside Avenue  
Minneapolis, MN 55454  
Tel 612-677-6000

**University Campus**  
420 Delaware Street Southeast  
Minneapolis, MN 55455  
Tel 612-273-3000

December 2, 2011

Mr. John Fuller  
1501 17<sup>th</sup> Ave. NW  
New Brighton, MN 55112-5550

Dear Mr. and Mrs. Fuller,

Thank you for letting me know about your unpleasant experience in radiology at the University of Minnesota Medical Center, Fairview. You indicated that you were taken to a separate room to discuss outstanding bills before a procedure to replace a gastrostomy tube. You indicated that this was a very upsetting conversation and not welcome prior to a procedure.

I spoke to the manager of billing about your concern. Apparently this is a fairly new thing, recommended by a consultant working with them to reduce the numbers of outstanding bills. She was very sorry to hear about your experience and asked me to write it up so she can use it to document problems with this new policy. I hope that if they decide to continue to talk to people before procedures that they are more selective, only talking to people who are really in big trouble, and do not bother long time patients who are keeping their payment arrangements. Also, I recommended that they have a serious discussion about training anyone who would have such a conversation so that it is not alarming or threatening.

I am sorry that you had this experience. It is my understanding that you would not have been denied service, but the practice is in review.

Sincerely,

A handwritten signature in cursive script that reads 'Joellen Johnson'.

Joellen Johnson, Patient Relations